

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div style="width: 55%;"> <div style="display: flex;"> <div style="flex: 1;">SERIAL NO.</div> <div style="flex: 1;">FILING DATE</div> </div> <div style="flex: 1;">APPLICANT(S)</div> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						